



Incident Report

Print Date/Time: 12/09/2016 11:01

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00023734

Incident Date/Time: 11/29/2016 2:32:00 PM
Location: LUNDEEN PKWY / LAKE DR
LAKE STEVENS WA 98258

Incident Type: Collision
Venue: Lake Stevens

Phone Number:
Report Required: Yes
Prior Hazards: No
LE Case Number:

Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
1910	SS0013-Brooks
1950	SS0142-Bassett

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	LUCERO, RYAN E	12903 22ND PL NE LAKE STEVENS WA 98258	(425) 583-9361	White	Male	04/14/2000
2	Involved Party	REID, SYDNEY OLIVIA	3110 82ND DR NE MARYSVILLE WA 98270	(425) 244-5589	Unknown	Female	11/19/1999

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2000	Dodge	Neon/SRT-4/SX 2.0	Green	AVR4978	WA
Involved Vehicle	Passenger Car	2002	Toyota	Camry		473ZFE	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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11/29/2016 : 14:35:44 SP0224 Narrative: SKY VALLEY ENRT

11/29/2016 : 14:35:33 SP0224 Narrative: SKY VALLEY FOR 2DR PC NOT DRIVEABLE , 4 RND

11/29/2016 : 14:33:36 SP0224 Narrative: NONINJ BLKING

11/29/2016 : 14:32:51 SP0224 Narrative: REQING TOW

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E616954**CASE # **2016-00023734**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11** - **29** - **2016** **1432** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**LUNDEEN PARK WAY**BLOCK NO. ☒**9800**

MILE POST

DISTANCE

200**00**

MILES

☒ N ☐ E ☐ S ☒ W

OF (REFERENCE OR CROSS STREET)

9900

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4255839361

LAST NAME

LUCERO

FIRST NAME

RYANMIDDLE
INITIAL**E**STREET
NEW ADDRESS**12903 22ND PL NE**

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**LUCERRE005JM**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**04****14****2000**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AVR 4978**

STATE

WA

VIN#

1B3ES46C4YD502444TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2000

MAKE

DODG

MODEL

NEON

STYLE

C4VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **VINCENT KRAJICEK 12903 22ND PL NE LAKE STEVENS WA 98258 D: 4255839361**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**AMERICAN FAMILY 41005-06198-54**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4252445589

LAST NAME

REID

FIRST NAME

SYDNEYMIDDLE
INITIAL**O**STREET
NEW ADDRESS**3110 82ND DR NE**

CITY

MARYSVILLE

ST

WA

ZIP

982707082

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**REID*SO019QR**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**11****19****1999**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**473ZFE**

STATE

WA

VIN#

JTDBE32K620127154TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2002

MAKE

TOYT

MODEL

CAM4D

STYLE

SDVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **JUSTIN REID 3110 82ND DR NE MARYSVILLE WA 98270 D: 4252445589**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**ENCOMPASS INS US 282060785**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

P. BASSETT #0142

BADGE OR ID #

0142

AGENCY

WA0311900PAGE 01 OF **4**

PART A 3000-345-159 R (7/06)




**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E616954**CASE # **2016-00023734**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Units 1, 2 and 3 were all traveling west bound on Lundeen Park Way, approaching the roundabout at Lundeen Park Way, Lake Dr and Vernon Rd. Unit 3 was the lead vehicle, Unit 2 was in the middle and Unit 1 was behind Unit 2. Unit 3 slowed down due to traffic in front. Unit 2 also slowed down for the same reason. Unit 1 driver was distracted from something within the vehicle and did not slow down in time to avoid colliding with Unit 2. Once Unit 1 collided with Unit 2, the force of the collision forced Unit 2 into Unit 3, causing damage to all three vehicles.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

P. BASSETT #0142
11-30-16 06:31 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

C. CHRISTENSEN 0075
12/7/2016 4:39:23 PM

BADGE OR ID #	0142	ORI #	WA0311900	TIME POLICE DISPATCHED	2:32 PM	TIME POLICE ARRIVED	2:35 PM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**

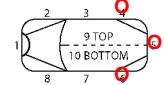

013197

REPORT NO. E616954
CASE # 2016-00023734
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME ☐
CARRIER ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
NAME SOURCE ☐ **# AXLES** ☐ **GVWR** ☐ **PLACARD** ☐ **+** ☐ **NAME IF NO NUMBER** ☐
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☒ **YES** ☐ **NO** ☐ **PHONE** **D: 4253977930**
LAST NAME **BOHLIN** **FIRST NAME** **NADINE** **MIDDLE INITIAL** **L**
STREET NEW ADDRESS **309 95TH DR SE**
CITY **LAKE STEVENS** **ST** **WA** **ZIP** **98258**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **BOHLINL429L6** **STATE** **WA** **SEX** **F** **D.O.B.** **MMDDYYYY** **06** - **26** - **1958**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** **2** **INJURY CLASS** **1** **NATURE OF INJURIES** ☐
LICENSE PLATE # **APJ7091** **STATE** **WA** **VIN#** **2A8HR54PX8R621513**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **2008** **MAKE** **CHRY** **MODEL** **TOWN** **STYLE** **SV** **VEHICLE TOWED** ☒ **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** ☒ **YES** ☐ **NO** ☐

 REGISTERED OWNER INFO. **WELLS FARGO PO BOX 997517 SACRAMENTO CA 95899 D: 4253977930**
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **GRANGE INS 5104440045904**
VEHICLE LEGALLY STANDING ☐ **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

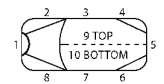
SHADE IN DAMAGED AREA


UNIT # ☐ **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☐ **YES** ☐ **NO** ☐ **PHONE** ☐
LAST NAME ☐ **FIRST NAME** ☐ **MIDDLE INITIAL** ☐
STREET NEW ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # ☐ **STATE** ☐ **SEX** ☐ **D.O.B.** **MMDDYYYY** ☐ - ☐ - ☐
ON DUTY ☐ **STATUS** ☐ **AIRBAG** ☐ **RESTR.** ☐ **EJECT** ☐ **HELMET USE** ☐ **INJURY CLASS** ☐ **NATURE OF INJURIES** ☐
LICENSE PLATE # ☐ **STATE** ☐ **VIN#** ☐
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR ☐ **MAKE** ☐ **MODEL** ☐ **STYLE** ☐ **VEHICLE TOWED** ☐ **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** ☐ **YES** ☐ **NO** ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** ☐
VEHICLE LEGALLY STANDING ☐ **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

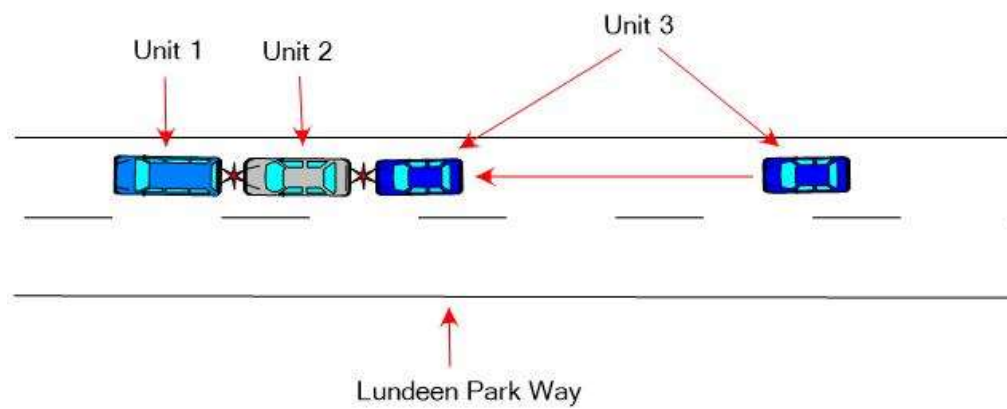
P. BASSETT #0142
11-30-16 06:31 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # **0142** **ORI #** **WA0311900** **APPROVED BY** **CHRISTENSEN** **DATE** **12/7/2016** **PAGE** **3** **OF** **4**



Not to Scale